

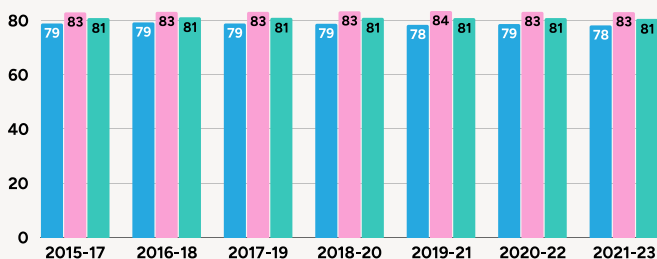
Primary Care: Mortality and health issues in Gippsland

Mortality

Life expectancy in Gippsland:

- females 83.1 years (Australia 85.1)
- males 78.2 years (Australia 81.1)

Life expectancy at birth in Gippsland, 2015-2017 to 2021-2023:



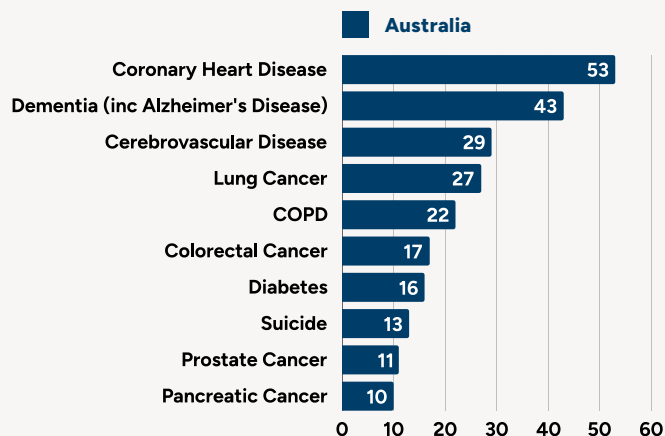
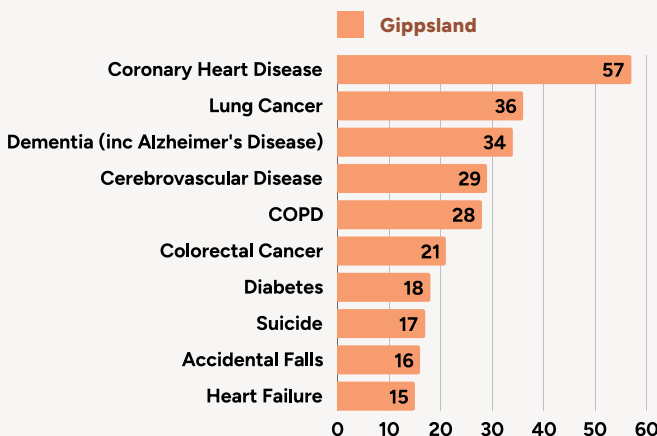
Primary health care is vital for our community because it provides accessible, expert care that meets the most common health needs. It focuses on prevention, early detection, and treatment of illnesses, helping to reduce the burden on hospitals and specialised services in Gippsland.

■ Males ■ Females ■ Persons

In Gippsland, mortality rates for females are **15%** higher than in Australia. (529 per 100,000 in 2018-2022 (age standardised), Australia 461)

Mortality rates for males are **10%** higher (711 compared to 647 in Australia)

Leading causes of mortality in Gippsland compared to Australia (age-standardised rate per 100,000) 2018-2022



Avoidable deaths

Avoidable deaths are deaths of people under 75 that could be prevented through primary care or hospital services.

Based on national data, avoidable deaths are not distributed evenly.



Avoidable deaths are **48% higher for males**, with 148 deaths per 100,000 compared to 100 for women in Gippsland.



Rural Australians are **more than twice as likely** to die from potentially avoidable causes.

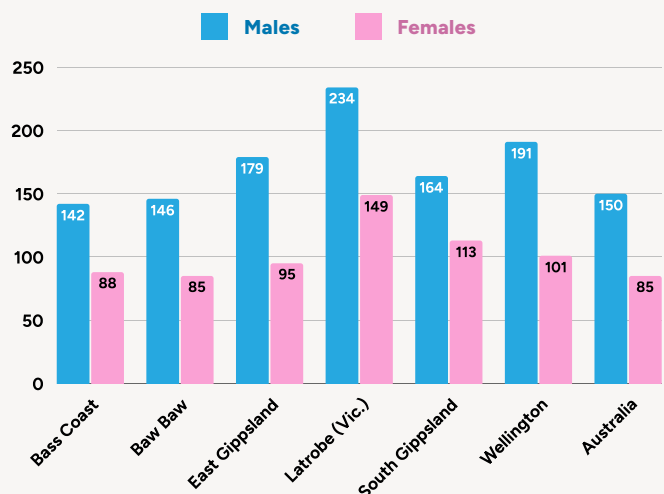


Rural men are **2.5 times** more likely to die, and rural women are **2.8 times** more likely to die.

From 2018 to 2022, avoidable deaths were higher in Gippsland for these conditions compared to national rates:

- Circulatory system diseases: 17% higher, 41 per 100,000 (Australia 35).
- Cancer: 20% higher, 34 per 100,000 (Australia 28). Gippsland had the second-highest rate among all PHNs.
- External causes (e.g., falls, fires, suicide): 44% higher, 22 per 100,000 (Australia 15).
 - Suicide and self-inflicted injuries:
 - Ages 0-44: 53% higher, 10.7 per 100,000 (Australia 7.0).
 - Ages 45-74: 18% higher, 6.6 per 100,000 (Australia 5.6).
- Cerebrovascular diseases: 30% higher, 10 per 100,000 (Australia 7.9).

Avoidable mortality rates by Gippsland LGA compared to Australia (age-standardised rate per 100,000) 2018-2022



Avoidable deaths among females increased from 93 per 100,000 in 2011-2014 to 108 per 100,000 in 2018-2022. Avoidable deaths among males remained steady but consistently higher, ranging from 168 to 190 per 100,000.


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Burden of disease






Burden of disease analysis measures both living with poor health (non-fatal burden) and dying early (fatal burden). Together, these are called the total burden.

Burden of disease is recognised as the best method to measure the impact of different diseases or injuries in a population.

Estimates here are for the Australian population in 2024, using the disability-adjusted life years (DALY) measure. Recent analyses for Gippsland are not available but main findings are likely to be similar.

 In 2024, **54%** of Australia's disease burden was non-fatal, and **46%** was fatal.




5 leading disease groups causing burden in 2024:


-  **Cancer**
16% of total DALY, ↓ from 2003
-  **Mental health and substance use**
15% of total DALY, ↑ from 2003
-  **Musculoskeletal**
13% of total DALY, ↓ from 2003
-  **Cardiovascular**
12% of total DALY, ↓ from 2003
-  **Neurological**
8% of total DALY, ↑ from 2003

Leading causes of burden of disease according to age group in 2024:






Age (years)	1	2	3
<5	Preterm and low birth weight complications	Birth trauma and asphyxia	Other disorders of infancy
5-14	Asthma	Autism spectrum disorders	Anxiety
15-24	Anxiety	Depression	Suicide and self-inflicted injuries
25-44	Anxiety	Suicide and self-inflicted injuries	Back pain and problems
45-64	Back pain and problems	Other musculoskeletal	Coronary heart disease
65-74	Coronary heart disease	Chronic Obstructive Pulmonary Disease	Lung cancer
75+	Dementia	Coronary heart disease	Chronic Obstructive Pulmonary Disease

Some groups experience a higher burden of disease:

-  **Males**
- 1.1 times the rate of total burden
-  **People living in remote and very remote areas**
- 1.4 times higher
-  **Lowest socioeconomic groups**
- 1.5 times the rate compared to the highest group







 **36%** of the total disease burden in 2024 could have been prevented by reducing people's exposure to modifiable risk factors included in the study.

The risk factors that contributed the most to burden of disease were:

-  **8.3%**
Being overweight and obese
-  **7.6%**
Using tobacco
-  **4.8%**
dietary risks
-  **4.4%**
Having high blood pressure
-  **4.2%**
Having high blood plasma glucose (including diabetes)

What can we do to improve

There are a variety of things we can do in health settings, organisations, governments, and the community to improve health and reduce the burden of disease:

-  Work on the [social determinants of health](#) to prevent health issues and improve health equity.
-  Implement [value-based care](#) to focus on the outcomes that matter to patients.
-  Take a [population health approach](#) to improve health across communities.
-  Improve [access to general practice](#), often the first point of contact for patients in the health system.
-  Ensure action on [chronic disease](#), the majority of burden of disease.
-  Use [health promotion](#) to improve health and wellbeing.

[Access more Gippsland PHN publications here](#)

